

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
GENERAL CONTRACTOR DIVISION
P O Box 13446
Macon, GA 31208
Phone: 478-207-2440
Fax: 478-207-1454
www.sos.ga.gov/plb/contractors

GENERAL DIVISION
EXAMINATION APPLICATION FOR A QUALIFYING AGENT
GENERAL INFORMATION

THE APPLICATION AND REQUIRED FEE SHOULD BE MAILED TO THE POST OFFICE BOX SHOWN ABOVE. ALL SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO AND SUBMITTED WITH THE APPLICATION. **The application must be completed in ink**

TO CHECK YOUR LICENSE APPLICATION STATUS ONLINE, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION WHERE REQUESTED.

MATERIALS MAILED TO APPLICANTS:

THIS APPLICATION PACKET INCLUDES:
Application for Licensure
Employment Affidavit
CPA Reference Letter and or Report from a CPA
Line of Credit
Authorization for Release of Information

COMPLETED N/A

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

LICENSES REQUIRED

Licenses are required of persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A. § 43-41-2 from the Board's Law, as well as the Board's Rules for definitions.

1. **INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED.** Applications are valid for one year. Check or money order should be made payable to "State Licensing Board for Residential and General Contractors." As provided by O.C.G.A. § 16-9-20, a \$30.00 service fee will be assessed on dishonored checks.
2. **APPLICATION FEE.** Submit non-refundable fee of \$200.00 with application.
3. **REQUIREMENTS FOR LICENSURE**
 - ☐ Must be a minimum of 21 years old.
 - ☐ Must be of good character and otherwise qualified as to competency, ability, integrity, and financial responsibility.
 - ☐ Must comply with one of the following:
 - (a) Four year degree from an accredited college or university in engineering, architecture, construction management, building construction or related field acceptable to the Division **and** one year of work experience as or in the employment of a general contractor or other proven experience deemed substantially similar by the Division; **or**
 - (b) Combination of college level academic accredited courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the Division equaling at least four years in the aggregate; **or**
 - (c) Total of at least four years of proven active experience working in a construction industry related field, at least two of which shall have been as or in the employment of a

general contractor, or other proven experience deemed acceptable by the Division and at least one of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the Division.

- ❑ Must submit to the Board, ***in a sealed envelope***, an official transcript, diploma, or certification from accredited college, university, or technical school attended if you are applying based on education ((a) or (b) above).
- ❑ Must submit, in support of (a), (b), or (c) above, at least one letter of recommendation from a registered or licensed Architect or Engineer that shall follow the guidelines provided in Form F attached.
- ❑ Must complete the Authorization for Release of Information (Form E) granting permission to the Board for a background check, including criminal history, and submit it ***with your application*** to the Board office.
- ❑ Must furnish a list of all persons, entities, and businesses with which the applicant will be affiliated. Please include principal officers, titles, and contact information.
- ❑ Must ***submit with your application*** the attached CPA reference letter (Form B) or the report from a CPA (Forms C-1 through C-3) completed and notarized as proof that the business organization has a minimum net worth of \$150,000.00.
- ❑ Must ***submit with your application*** proof (as outlined in the attached sample letter - Form D) that the business organization has a Line of Credit in a minimum amount of \$50,000.00.
- ❑ Must ***submit with your application*** a Certificate of Insurance in the name of the business organization showing proof of general liability insurance in a minimum amount of \$500,000 per occurrence. The business organization must also show proof of workers compensation insurance, if the business organization is currently required by Georgia law to carry such.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's website: www.sos.ga.gov/plb/contractors. You are responsible for knowing the laws and rules for your profession.

VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or were discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should either: a) contact the Board office or b) visit our website (click the link to "download forms") to obtain the "Request for Disability Guidelines" form.

KEEP A COPY OF YOUR APPLICATION MATERIALS. All original materials will be maintained by our office and not returned to you.

EXAM

FOR BOARD USE ONLY

Amount Submitted \$ _____

Date/Initials _____

Receipt # _____

**FOR BOARD USE ONLY**

License # _____

Date Issued _____

Applicant # _____

State Licensing Board for Residential and General Contractors**P O Box 13446****Macon, GA 31208****478-207-2440 (Phone)****478-207-1454 (Fax)**www.sos.ga.gov/plb/contractors**Application for a Qualifying Agent Applying for Licensure as a General Contractor
Obtained By Examination****\$200.00 Non-refundable application fee****Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to O.C.G.A. § 16-9-20****DISABILITY-If you have a disability and may require an accommodation, you must contact the Board office or visit our website to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES.****VETERANS' PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. Must submit a completed DD-214 Form.******The application must be completed in blue ink******APPLICANT INFORMATION:****1. Name:** _____
Last First Middle Maiden**2. Mailing Address:** _____
(Street) (Apt#) (City/State/Zip Code)

If your mailing address is a P. O. Box, you must also provide a physical address:

(Street) (Apt #) (City/State/Zip Code)
If you are granted a license, your name, mailing address and license are public information.**3. Telephone #:** () _____ **Other #:** () _____ **Email:** _____**4. Social Security Number*:** _____ - _____ - _____ **5. Date of Birth** _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

6. _____ I am a U. S. Citizen. _____ I am not a U. S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

QUALIFYING AGENT INFORMATION: Please be sure the Qualifying Agent Affidavit below is completed and signed by an authorized agent of the business organization who possesses binding authority for the business organization. The applicant may appoint him or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority. Please note the affidavit must be notarized.

7. *Name and type of Business Organization: _____

☐ Partnership/LLP ☐ LLC ☐ Corporation (please list state of incorporation): _____
☐ Joint Venture ☐ Other _____

If the business organization is one other than a LLC or corporation, paperwork for which can be found on the Secretary of State's Corporation Division's website, please submit official company formulation documentation proving the existence of such business organization.

* Submit on a separate sheet, attached to this application, the names of all persons, entities and business organizations you will be affiliated with as a licensed general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

8. Physical Business Address: _____
(Street) (Apt #) (City/State/Zip Code)

9. Federal ID#: _____

10. Business Telephone #: () _____ 11. Fax #: () _____

QUALIFYING AGENT AFFIDAVIT

I, _____, of _____, certify that I am
(Name) (Company Name)
the ☐ Owner ☐ Officer ☐ Partner of said business organization and possess binding authority for the
business organization and do hereby appoint _____ to act as
(Name)
qualifying agent on the business organization's behalf and to take the examination (unless exempted), as
required for a Georgia contractor's license. **I further attest that the individual applicant has final
approval authority for all construction work performed by the business organization or entity
within the State of Georgia and that the individual applicant has final approval authority on all
business matters, including contracts and contract performance and financial affairs of the
business organization or entity.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

(Owner/Officer/Partner Signature) (Title)

Subscribed before me this _____ day of _____, 20 _____.

(Notary Public)
My Commission Expires: _____
(Seal)

Work Experience Information (must list as requested in the chart below 1 to 4 years of experience depending upon which eligibility requirement you meet under Board Rule 553-4-.02(3)(c)(1), (2), or (3)).

Please have attached Employment Affidavit (Form A) completed and submit it along with this application. NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required amount of years. Additionally, you must provide at least one letter of recommendation as provided for in Form F attached. ALSO NOTE: The chart below is NOT for specific project information, but for dates of employment. That is, the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project.

Employer Name & Address	Direct Supervisor (If you are owner of business, list "self".	Employment Dates (beginning date to end date)	Position/ Title	Type of Work Performed

Education Information required ONLY IF qualifying under Board Rule 553-4-.02(3)(c)(1) or (2): (four year baccalaureate degree in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division **or a combination** acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate)

Name/Address of technical school, college or university attended (attach additional sheet if necessary):

a. **Dates Attended:** _____

b. **Major or field studied:** _____

c. **Degree Awarded:** ☐ **Diploma/Certificate** ☐ **Bachelor's** ☐ **Doctorate** ☐ **Masters**
(Must submit with this application, in a sealed envelope from the appropriate institution, an official transcript, diploma, or certification from accredited college, university, or technical school.) NOTE: This documentation is only needed if you are applying using education in some fashion.

Financial Responsibility (To be answered by the applicant)

1. **Does the business organization for which you are applying as a qualifying agent have a minimum net worth of \$150,000.00?**

☐ **Yes (Reference Letter from CPA required, see attached)** ☐ **No**

Reference Letter on page 9 from CPA required **or** the Report and Affidavit, and accompanying most recent balance sheet from an Independent CPA, reference pages 10-12.

2. Does the business organization for which you are applying as a qualifying agent have a Line of Credit issued by a banking institution in a minimum amount of \$50,000.00?
☐ Yes (Line of Credit from Bank required, see attached) ☐ No
3. Has the business organization for which you are applying as a qualifying agent paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes, as required by law, for the previous three years? ☐ Yes ☐ No
4. Have you paid all judgments, taxes, student loans or child support payments as required by law? ☐ Yes ☐ No
5. Have you (as an individual or business entity) ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
☐ Yes ☐ No

If you answered "No" to question 3 or 4 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A "No" answer does not necessarily mean a license will not be granted. However, the State Licensing Board for Residential and General Contractors may request additional documentation if the information submitted is insufficient. If you answered "Yes" to question 5, submit written explanation and all pertinent court documents and schedules filed with the bankruptcy court.

6. Does the business organization for which you are applying as a qualifying agent currently carry worker's compensation insurance as required by state law?
☐ Yes (Attach Certificate of Insurance) ☐ No ☐ N/A (Less than 3 employees)
7. Does the business organization for which you are applying as a qualifying agent currently carry general liability insurance in a minimum amount of \$500,000?
☐ Yes (Attach Certificate of Insurance from insurer) ☐ No

General Information (To be answered by the applicant)

1. Are you at least 21 years of age? ☐ Yes ☐ No
2. Are you of good moral character and otherwise qualified as to competency, ability, integrity and financial responsibility? ☐ Yes ☐ No

Please note that completion of and submission to the Division of this application provides your consent for the Division to perform a background check on you. Thus, you must complete the attached Authorization for Release of Information form and submit it along with this application.

3. Do you meet the eligibility requirements under Board Rule 553-4-.02 (3)(c)(1)(2) or (3)?
☐ Yes ☐ No
4. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations) ☐ Yes* ☐ No

*If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.

5. Have you ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state? ☐ Yes* ☐ No
*If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office.

6. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State? ☐ Yes* ☐ No
*If you answered "Yes" to this question, please attach an explanation.

Photo: (Attach a passport-type, color photograph of yourself here, showing head and shoulders only, taken within the last 90 days. The photo should fit within this box. Driver's licenses, identification cards, cropped photos, computer-generated photos, etc., WILL NOT be acceptable. It must be a passport-type photo):



I, the undersigned, do hereby affirm and swear, under oath, that all statements made in this application and on accompanying documents are true and correct to the best of my knowledge and belief.

Applicant's Signature

Print Name

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 200_____

Signature of Notary Public

My commission expires _____

(Seal)



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AND GENERAL CONTRACTORS
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TO BE COMPLETED BY EMPLOYER AND RETURNED TO APPLICANT

**GENERAL CONTRACTOR
EMPLOYMENT AFFIDAVIT**

O.C.G.A. §§ 43-41-6(d)(3)(A), (B) and (C) state:

"[To be eligible as a general contractor, a person must have] (A) . . . received a baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division **and has** at least one year of proven experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division; (B) . . . a combination acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate. . . . or (C) . . . a total of at least four years of proven active experience working in a construction industry related field, at least two of which shall have been as or in the employment of a general contractor, or other proven experience deemed acceptable by the division and at least one of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the division."

AFFIDAVIT

I, _____
(General Contractor)

solemnly attest and affirm that _____,
(Applicant)

meets the above stated requirements of:

☐ Section 43-41-6(d)(3)(A) or ☐ Section 43-41-6(d)(3)(B) or ☐ Section 43-41-6(d)(3)(C)

(Applicant's Signature)

(Contractor's Signature)

Sworn to before me this _____ day of _____, year _____.

(Notary Public)

My Commission Expires: _____

(Seal)

Employment Affidavit
04/20/07

Form A



STATE LICENSING BOARD FOR RESIDENTIAL
AND GENERAL CONTRACTORS
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CERTIFIED PUBLIC ACCOUNTANT (CPA) REFERENCE LETTER

TO BE COMPLETED BY APPLICANT:

Reference Relating to: _____
(Please print name of qualifying agent applying to engage in general contracting in the name of a business organization.)

Name of Business Organization: _____

Address: _____

Social Security # _____ or Federal Tax ID # _____

TO BE COMPLETED BY CPA AND RETURNED TO APPLICANT:

- ☐ The above-named individual is applying for a general contractor's license in the state of Georgia on behalf of a business organization, as defined by O.C.G.A. § 43-41-2(2), for which the above-named individual wishes to be a qualifying agent. I hereby certify that I have performed an ☐ **audit** or ☐ **review** of the business organization's financial information and that said business organization has a minimum net worth in the amount of \$150,000.00.

Printed Name: _____

Signature of Certified Public Accountant (CPA): _____
Certification Number

Date: _____

Sworn to before me this _____ day of _____, year _____.

Notary Public

My Commission Expires: _____

(Seal)



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REPORT OF CERTIFIED PUBLIC ACCOUNTANTS FOR A REVIEW OF A QUALIFIED AGENT

State Licensing Boards Division for Residential and General Contractors
State of Georgia
Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858

We have reviewed the accompanying balance sheet of [COMPANY'S NAME], as of _____, _____ (give most recent financial period), and the related statements of earnings and members' equity and cash flows for the year then ended, in accordance with Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of [COMPANY'S NAME].

A review consists principally of inquiries of [COMPANY'S NAME] personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the individual's financial statements in order for them to be in conformity with generally accepted accounting principles in the United States of America.

The additional information on the attached balance sheet presented only for analysis purposes, and has been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements. All information included in these schedules is the representation of the management of [COMPANY'S NAME]. We did not become aware of any material modification that should be made to this additional information.

Certified Public Accountant

Date



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Report of Certified Public Accountant for an audit of a Qualifying Agent

State Licensing Board for Residential and General Contractors
State of Georgia
Professional Licensing Boards
237 Coliseum Drive
Macon, Georgia 31217-3858

We have audited the accompanying balance sheet of _____
[COMPANY NAME], as of _____, ____ (most recent financial period) and the
related statements of earnings and retained earnings and cash flows for the year then ended. These financial
statements are the responsibility of the Company's management. Our responsibility is to express an opinion on
these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards in the United States of
America. Those standards require that we plan and perform the audit to obtain reasonable assurance about
whether the financial statements are free of material misstatement. An audit includes examining, on a test basis,
evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the
accounting principles used in significant estimates made by management, as well as evaluating the overall financial
statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial
position of _____[COMPANY NAME], as of _____, ____ (most
recent financial period), and the results of its operation and its cash flows for the year then ended in conformity
with generally accepted accounting principles in the United States of America.

The additional information presented on the attached balance sheet is presented for purposes of additional
analysis. Such information has been subjected to the audit procedures applied in the audits of the basic financial
statements, and, in our opinion, is fairly stated in all material respects in relation to the basic financial
statements taken as a whole.

Certified Public Accountant

Date



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AFFIDAVIT

State of _____

County of _____

The undersigned, _____, being duly sworn, deposes and says that he or she is a certified public accountant, holding a registration certificate that is active and in good standing in the State of Georgia or _____ (Certificate # _____), and that he or she is a partner of the firm of _____ and he or she signed the foregoing opinion for said firm; and further that all parties of said firm practicing in the State of Georgia or _____ hold a certificate that is active and in good standing as a public accountants in accordance with the laws of such State regulation such practice.

Certified Public Accountant

Date

Subscribed and sworn to me before this _____ day of _____, 20____.

Notary Public

My commission expires _____.



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LINE OF CREDIT FOR GENERAL CONTRACTOR

TO BE WRITTEN ON BANK LETTERHEAD AND PROVIDED TO THE APPLICANT

Date

To: CONTRACTOR LICENSEE (Individual, Corporation, Partnership or LLC)
Address
City, State, Zip

Dear Contractor:

You have requested that (*Name of Lending Institution*) establish a Line of Credit which will be available to (*Contractor's name as to be on license*) for use in conducting the contracting business for which a license is being sought from the State Licensing Board for Residential and General Contractors, General Contractor Division.

We hereby establish a Line of Credit for these purposes in the amount of \$50,000.00, which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board of any significant change(s) in your financial condition during the term of this commitment.

We, the undersigned, will endeavor to notify the State Licensing Board for Residential and General Contractors, General Contractor Division, should we become aware of any significant change(s) in financial conditions of the above named applicant.

Yours truly,

(Signature)

(Name/Title)

SAMPLE LETTER - FOR BANK USE ONLY

Instructions

- ☐ The Line of Credit (LOC) does not increase the net worth.
- ☐ The LOC is for the contractor's use and may be utilized at any time by the contractor.
- ☐ Name on LOC must be in the **EXACT NAME** as to be licensed and as on financial statement.

LOC
04/20/07

Form D



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APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed as a _____ contractor. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

Full Legal Name - Printed

Signature

Residence Street Address

Aliases or Maiden Name

City, State, Zip

Sex Race

Social Security Number

Date of Birth

Date of this Authorization

I UNDERSTAND THAT FAILURE TO AUTHORIZE THIS WAIVER AUTHORIZATION FOR RELEASE OF INFORMATION WILL PROHIBIT THE CONDUCT OF THE REQUIRED BACKGROUND INVESTIGATION AND I WILL NO LONGER BE A CANDIDATE FOR A STATE LICENSE FOR CONTRACTING.

Instructions for Architect/Engineer Reference letter (as part of the work experience requirement of Page 5)

The applicant shall provide at least one letter of recommendation from a registered or licensed Architect or Engineer that includes, as a minimum, the following information:

1. The full name of the applicant.
2. The name, approximate size (sf), date, and dollar value of the commercial project that the applicant and the Architect or Engineer (of record) worked on together with the applicant during the qualifying experience time period.
3. A statement that the applicant reasonably demonstrated the abilities, skill, and knowledge of general contracting on that project.
4. A statement that, based upon the foregoing, the Architect or Engineer (of record) recommends that the state grant a license to conduct general contracting to the applicant, pursuant to the successful completion of the exam and any other application requirements.
5. Any further explanation or comments regarding the applicant's abilities, skills, knowledge, and integrity.

The letter shall include the Architect or Engineer of record's current address, contact information, and registration or license number issued by the accredited licensing body in the State in which the architect or engineer practices.